



AUTHORIZATION & RELEASE FOR HOME INSEMINATION

To print this form, click on your browser's "PRINT" button OR download directly from our site.

ALL fields must be complete for form to be processed.

I (patient's name) _____ have purchased donor semen specimens from Midwest Sperm Bank for the sole purpose of therapeutic insemination. I acknowledge that the therapeutic insemination will be performed by myself or my partner at home without the supervision or direction of a licensed physician.

I fully understand all the risks and limitations of therapeutic donor insemination as acknowledged by my signature on the Consent Form and take full responsibility for my actions or my partners.

I release Midwest Sperm Bank from all liability with respect to the specimens or the donor(s) as outlined in the disclaimer section of the Consent Form.

I also release Midwest Sperm Bank from all liability related to or in any way connected with the use of the donor specimens by myself or my partner, as well as the therapeutic insemination procedure including the use of the insemination catheter and speculum.

Delivery Options:

No signature required (I accept full responsibility for the cost of the tank as well as the donor vial(s) in the event of a delivery error).

Direct signature required (must be present to sign).

Patient Name (*printed*): _____

Patient Signature: _____

Partner Name (*if applicable. printed*): _____

Partner Signature: _____

Date Signed (MM/DD/YYYY): ____/____/____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____ Fax Number: _____

Semen Specimens should be delivered to the following address if different from above:

Name: _____

Address: _____

City/State/Zip Code: _____

Please complete this form.